

Date <u>2-16-06</u> # of pages <u>6</u>	To Comm. for Patents <u>Jonas Navickas</u>
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FORM**

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Total Number of Pages in This Submission 6

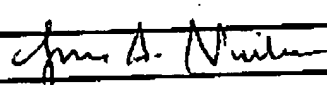
Application Number	10/673,113
Filing Date	9/25/2003
First Named Inventor	NAVICKAS, JONAS A.
Art Unit	3728
Examiner Name	MOHANDISA, JILA M.
Attorney Docket Number	NVCK CHN1

**ENCLOSURES (Check all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
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| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

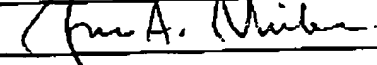
Remarks
Response to Office communication dated 1/17/2006, Notice of Non-Compliant Amendment.
Attached: Transmittal form 1 page Cover letter 1 page Claims 4 pages

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name			
Signature			
Printed name	JONAS A. NAVICKAS		
Date	2/16/2006	Reg. No.	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	JONAS A. NAVICKAS	Date	2/16/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the gathering, preparing, and submitting the completed application form to the USPTO, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**FEB 16 2006**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: NAVICKAS, JONAS A.	)	Attorney Reference: NVCK CHN1
	)	
Serial No.: 10/673,113	)	Examiner: MOHANDISA, JILA M.
	)	
Filing Date 9/25/2003	)	Group Art Unit: 3728
	)	
Title: Chained Pouches System and Method	)	Faxed: 2/16/2006
	)	

**RESPONSE TO OFFICE COMMUNICATION**

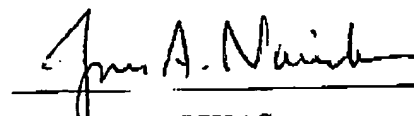
Commissioner for Patents  
Alexandria, VA 22313-1450

Dear Sir:

This is in response to USPTO office communication dated 1/17/2006. The communication indicated a complete listing of all the claims was not present in the last submission. Attached is a complete listing of all the claims. The Examiner is invited to contact Applicant if there are any questions relating to the subject application.

Respectfully submitted,

Date: February 16, 2006



JONAS NAVICKAS, pro se applicant

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